

United States v.
Case No:

VICTIM IMPACT STATEMENT/VIOLENT CRIME

NAME: _____

How have you and members of your family or business been affected by this crime?

Please continue this statement on an additional sheet of paper if you wish.

Have you or members of your family received counseling or therapy as a result of this crime?
Please explain.

Have you filed a civil suit against the defendant? If yes, please list the case name, court location, and docket number.

Do you relate to people differently since the crime? Please explain.

How has the crimes affected you and your family's lifestyle? Please explain.

Has the crime affected your family's livelihood? Please explain.

Have you experienced any of the following reactions to the crime? Please check off boxes.

PLEASE REALIZE THESE ARE NORMAL REACTIONS TO A TRAUMATIC EVENT OR SITUATION

Anger	Anxiety	Fear	Grief	Guilt
Numb	Sleep Loss	Nightmares	Appetite Change	Depression
Repeated Memory of Crime	Chronic Fatigue	Uncontrolled Crying	Trouble Concentrating	

Please describe any other reactions to the crime committed.

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Do you feel the defendant is or will be a threat to you, your family or the community? ☐ Yes ☐ No
Please explain.

What else would you like the Judge to know about the defendant, or your situation as a result of the crime.

A. Damages

1. List money or property lost, destroyed or damaged and its value.
(Wherever possible, attach receipts, repair bills, etc.)

.....\$ _____
.....\$ _____

2. List medical expenses (again, attach any supporting receipts) and/or out of pocket costs for funeral expenses.

.....\$ _____
.....\$ _____

3. List lost income or wages for which you have not been compensated.
(Attach verification).....\$ _____

4. List miscellaneous expenses (type and amount). Include such items as necessary child care, transportation, and other expenses related to participation in the investigation or prosecution of the offense or attendance at proceedings related to the offense. (Attach verification)

.....\$ _____
.....\$ _____
.....\$ _____

5. List expenses for counseling or therapy.\$ _____ Are you currently in therapy? ☐
Have you applied for State Victim Compensation or other Programs to assist in paying for costs such as counseling or medical bills, that may also be eligible to be repaid through restitution? Yes ☐ No ☐

Program name and address: _____

TOTAL LOSS\$ _____

B. Reimbursement received (please attach receipts)

1. Property insurance.....\$ _____

2. Medical insurance.....\$ _____

3. State Victim Compensation.....\$ _____

4. Other (list source and amount) (a)\$ _____

(b)\$ _____ (c)\$ _____

TOTAL REIMBURSEMENT\$ _____

I declare under penalty of law that the above information is true and correct.

Print Name _____

Signature: _____

Date: _____

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*******CONFIDENTIAL*******

The address and telephone contact information provided below will only be provided to the presentence probation officer, and the United States Attorney's Office, unless a court order signed by the Judge authorizes the release of this page to the Court and attorney for the defendant.

Name: _____

Printed Name: _____

Address: _____

Home phone: _____

Work phone: _____

E-Mail Address: _____